

Signature: ___

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 OCT 31 PM 2: 47
SECRETARY OF STATE

Complete and submit the application in <u>duplicate</u>.

Complete and s	submit the application in <u>duplicat</u>	STATE OF IDAHO
. The name of the professional	limited liability company is:	
Shelley Thomas, Physica	l Therapy, PLLC	
The complete street and mailing	ng addresses of the principal office i	e,
1888 N. Eagle Creek Wa	•	3 .
(Street Address)	y, 24gio, 10 00010	
(Mailing Address, if different)		
. Name and street address of re	gistered agent in Idaho:	
Shelley Thomas	1888 N. Eagle C	reek Way, Eagle, ID 83616
(Name)	(Address)	
. The name and address of at le	east one governor of the limited liab	ility company:
Shelley Thomas	1888 N. Eagle Creek Way, Eagle, ID 83616	
(Name)	(Address)	
(Name)	(Address)	
	,	
(Name)	(Address)	
i. Mailing address for future corr	espondence (annual report notices)	:
1888 N. Eagle Creek Wa	y, Eagle, ID 83616	
(Address)		
		rincipal profession or professions for which members are
duly licerised or otherwise leg-	ally authorized to render profession	ai services is.
	Physical Therapy	<u> </u>
		Secretary of State use only
Signature of a manager, n	nember, or an organizer.	11/01/2016 05:00
Printed Name: Shelley Thomas		CK:7574 CT:330714 BH:1553197
	smas	16 100.00 = 100.00 PROF LLC #2
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Printed Name:		W173758

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